

PHYSICIAN FURY MOUNTS IN ONTARIO AS MDs SEETHE OVER CUTS, PREPARE TO TAKE ON GOVERNMENT

Charlotte Gray

In Brief • En bref

Obstetricians have been leading the fight against government fee claw-backs and income thresholds in Ontario, but the anger has quickly spread to other specialties. Ontario doctors probably haven't been this angry since their walkout in 1986, and Charlotte Gray warns that job actions, in the form of refusals to take new patients or work in hospitals, lie ahead. If health care funding restrictions continue in Ontario, warns Dr. Dick Johnston, "sooner or later, there'll be a disaster."

Les obstétriciens sont à l'avant-garde de la lutte contre la récupération des honoraires et les seuils de revenu imposés par le gouvernement de l'Ontario, mais la colère s'est propagée rapidement à d'autres spécialités. Les médecins de l'Ontario n'ont probablement jamais été aussi en colère depuis leur débrayage de 1986 et Charlotte Gray prévient que d'autres interventions au travail, sous forme de refus d'accepter de nouveaux patients ou de travailler dans les hôpitaux, pointent à l'horizon. Si les restrictions du financement des soins de santé se maintiennent en Ontario, prévient le Dr. Dick Johnston, «ce sera tôt ou tard la catastrophe».

Relations between Ontario's doctors and the provincial government have seldom been this bad, and it appears they will only get worse in the months to come.

Friction and confrontation have been inevitable for some time, given the Harris government's intention to cut spending across the board, and no one can expect physicians to roll over quietly while they see their incomes squeezed, their freedom to practice curtailed and their patients' access to services diminished. What makes Ontario physicians even more

restless than doctors in other provinces is professional disagreements: some doctors are angry at their own colleagues and professional organizations. Meanwhile, the Ontario Medical Association (OMA) worries about the profession's ability to maintain a united front. Because the government no longer allows it to negotiate fees on behalf of all Ontario doctors, it has no authority to prevent physicians from withdrawing services this fall.

And many are talking of doing just that.

Obstetricians have led the fight. Their discontent over Ontario Health Insurance Plan (OHIP) fees has been building for nearly a

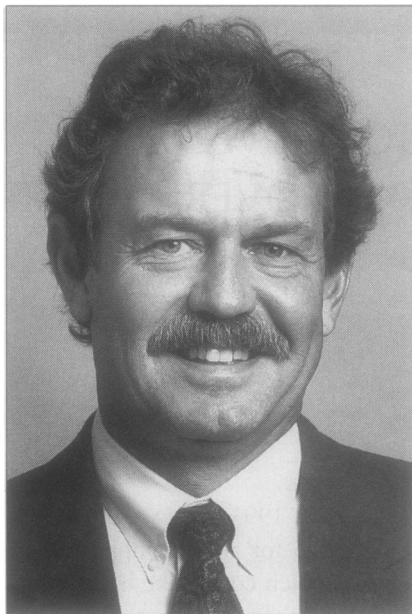
decade. In 1993, they were receiving only \$245 for an uncomplicated delivery, which could take hours, while ophthalmologists were receiving more than \$500 for a 20-minute cataract operation performed during office hours. "We got left behind," says Dr. Dick Johnston, an Orillia obstetrician. He wonders why specialists who seldom if ever got called out at night or during the weekend are earning far larger incomes than practitioners in such high-stress specialties such as orthopedic surgery, neurosurgery and obstetrics.

Three years ago, the former New Democrat government imposed a claw-back on all physician incomes, arguing that physicians were responsible, in part, for overdrawing on the health care budget. The OMA protested loudly, but no one was more enraged than the obstetricians, who felt they had taken a disproportionate hit. The fee for a delivery had now dropped, in effect, to close to \$200. In the meantime, the provincial government had licensed midwives, who were encroaching on obstetricians' traditional territory and leaving the specialists only the most complicated, high-risk and time-consuming deliveries.

The obstetricians decided they needed to use some collective muscle, so they activated the Ontario Society of Obstetricians and Gynecologists, which Johnston now chairs. Then they and the OMA

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Dr. Gerry Rowland, OMA president: Ontario has 700 000 more residents than in 1992, but is allowing \$138 million less for physicians' fees

were sideswiped by the announcement from Health Minister Jim Wilson that the government would no longer subsidize malpractice insurance premiums. Obstetricians pay the most for malpractice insurance. This year the annual premium set by the Canadian Medical Protective Association (CMPA) was \$23 340; orthopedic surgeons and neurosurgeons pay \$22 440, and family physicians who don't deliver babies pay \$1932.

"We had to move at warp speed," recalls Johnston. The obstetricians found articulate champions in their ranks who quietly made the case that, while all physicians were affected, obstetricians were getting the rawest deal of all. In Ottawa, Dr. Claire Kane was heard regularly on morning radio shows, explaining that if she stuck to a 40-hour work week she wouldn't even cover her expenses.

Mississauga obstetrician Jane Wilkinson wrote to the *Toronto Star* to say that she earned about \$37 750 a year (after office expenses, clawbacks and CMPA dues) for 70-hour weeks. Several obstetricians, including John-

ston and all eight obstetricians practising in the Sudbury area, told the press they would stop delivering babies and stick to gynecology.

The obstetricians managed to stir up popular support, because most Ontarians had no idea how little they were being paid. When Johnston explained that a mechanic who gave his car a major servicing earned more money than he got for delivering a baby, it was an argument most people could understand.

The obstetricians managed to avoid triggering the "you fat cats" response that medical lobbies often provoke. They persuaded Ontarians that it was the government, not the profession, that was putting mothers and babies at risk. Kane says that the campaign was "a grassroots thing. I was shocked by the indifference of my own friends when the whole issue blew up. We realized no one would fight the battle for us."

In the end, the government acted. Last March, acting unilaterally, it increased the fee for delivering babies by 30%. Since it did not put any new money into the OHIP pot, the obstetricians' victory came at the expense of other specialties.

But the obstetricians were still mad as hell. The 30% increase didn't look so generous when the clawback was factored in. And they still had to swallow the malpractice premium. The threats continued. Newspaper headlines suggesting that obstetricians would withdraw their services didn't bring out the best in Mike Harris's Conservative government. First, Jim Wilson tried to shrug off the issue. He suggested he could easily steer some newly graduated physicians into obstetrics and replace lost specialists. Or, he continued, a mother-to-be could simply cross the border and find an American doctor to deliver her baby.

In the end, he caved in. Perhaps realizing that it was not a good idea to pick a fight with physicians at the same time he was restructuring

health care delivery, Wilson offered a lump-sum payment to help offset the insurance costs.

By mid-summer, however, most members of Ontario's 32 specialties had been thoroughly galvanized. On Aug. 6, 30 of the OMA's 32 specialist sections approved a plan to advise specialists to stop booking new, elective patients on Oct. 1. Scores of orthopedic surgeons had already decided they would stop performing surgery unless the Ontario government ended the clawback on their fees. Dr. Robin Richards, president of the Ontario Orthopaedic Association, explained that "the level of dissatisfaction and anger is quite high and the morale is low. . . . We just want to look after people without our work being degraded all the time."

The OMA says it is easy to understand physicians' anger. Dr. Gerry Rowland, the president, said in August that the government expects the amount of care provided to patients this fiscal year to exceed the budget by more than \$500 million. "If the government is not prepared to fund these services, no one can expect physicians to provide them for free," he said. The OMA says this year's budget for medical services is \$138 million less than in 1992. In the intervening 4 years the province's population has grown by 700 000, and the number of Ontarians over age 65 has grown by 140 000.

The Harris government is in the midst of an extensive overhaul of provincial health services. The newest and most controversial change is tough new billing restrictions, implemented over the objections of the OMA. Wilson initiated the restrictions soon after the Institute for Clinical Evaluative Sciences in Ontario published research showing that 1200 doctors were billing the province more than \$400 000 a year. Now each specialty has its own threshold, beyond which specialists don't earn the full fees from OHIP.

For every dollar family doctors bill above \$251 000, for instance, they get 67 cents; above \$276 000, they get 33 cents; and above \$301 000, they get 25 cents.

Wilson, who hopes to save taxpayers more than \$100 million a year with this plan, argues that it will only affect the 13% of physicians who are high billers, but it is the kind of po-

Kane put it, they have to develop their own counterattack, since no one else is going to do it for them.

The obstetricians' spring threat to stop delivering babies is looking almost mild compared with the threats emerging from almost all specialties this fall. According to an Ontario Hospital Association survey, about one-third of hospitals are expecting

that health economists always pinpoint: skewed incentives.

Ontario doctors still have no incentive to slow down, reassess the quality of care they are providing and instruct their patients about healthy living. On the contrary, they must churn patients through their offices even faster to maintain their incomes. One side effect of Wilson's plan is to fragment the profession still further, as underpaid obstetricians see colleagues in other specialties begin to take time off in October because they have reached their threshold in the first 9 months of the year.

Meanwhile, the obstetricians seem more demoralized than ever. Applications for obstetrical residencies have fallen off dramatically. The number of specialists who are leaving the profession or concentrating exclusively on gynecology is growing; Kane is not sure how much longer she will be around.

Johnston, meanwhile, says organized medicine is "too busy protecting the status quo." He says a crisis is inevitable, and the issue will explode again. "You can bring in all the midwives you want, but they can't handle emergency forceps deliveries, cesareans, hemorrhages. There are no longer any back-up obstetricians in small communities all across the province, like Parry Sound. Sooner or later, there'll be a disaster." ■

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litical hatchet job that infuriates everyone who wants to see health care reform that goes beyond blunt cuts. The new thresholds, in conjunction with the existing clawbacks, have meant that physicians have seen their incomes shrink substantially.

The most noticeable effect of everything the government has done is the increasing amount of information, as well as anger, that physicians have. Every doctor I have spoken to recently spouts figures and arguments in a way that is entirely new to many of them. They realize that, as

some of their doctors to withdraw services. Many specialists have realized they can reach their threshold through office billings alone, so they question the need to provide on-call hospital services.

It is a bad time for the health minister to be alienating physicians. Wilson himself acknowledges that he needs their cooperation as he closes hospitals and tries to change the way patients use health services. More fundamentally, however, his tactics have done nothing to solve a major problem in physician remuneration

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